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It should be stated EXPLICITLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. It may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be required for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 411	
County	Maricopa	County Registered No.	791
District		Local Registrar's No.	3609
Town	Phoenix		
Or City			
ORIGINAL CERTIFICATE OF DEATH			
No. 71820 Jefferson			
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME William A. Wilson			
PERSONAL AND STATISTICAL PARTICULARS			
SEX	Color or Race	SINGLE MARRIED WIDOWED or DIVORCED	
Male	White Indian Black Chinese Mexican	MARRIED	
DATE OF BIRTH	May 30 1856	1914	
AGE	58 yrs. mos. days hrs., or min.	If less than 1 day	
OCCUPATION	Dist. Sheriff		
(a) Trade, profession or particular kind of work			
(b) General nature of industry, business, or establishment in which employed or (employer)			
BIRTHPLACE (State or country)			
NAME OF FATHER			
BIRTHPLACE OF FATHER (State or country)			
MAIDEN NAME OF MOTHER			
BIRTHPLACE OF MOTHER (State or country)			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant) Wilson			
(address)			
PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL OR REMOVAL	
Forest Lawn		11/18 1914	
UNDERTAKER		ADDRESS	
Robert H. Miller			
MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH			
Nov 17 1914			
(Month) (Day) (Year)			
I hereby certify, that I attended deceased from Aug 27 1914 to Nov 17 1914; that I last saw him alive on Nov 17 1914, and that death occurred on the date stated above at 2:30 P.M.			
The DISEASE or INJURY causing Death was as follows: Bright's Disease			
(Duration) 2 yrs. mos. days			
Was disease contracted in Arizona? yes			
If not, where?			
CONTRIBUTORY Causes			
(Duration) 2 yrs. mos. days			
(Signed) R. W. Banner			
Nov 18 1914 (Address) Phoenix, Ariz.			
*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
LENGTH OF RESIDENCE			
At place of death 10 yrs. mos. ds. in Arizona 10 yrs. mos. ds.			
Former or Usual Residence Tombstone, Ariz.			
Filed NOV 13 1914			
Filed 11/17 1914			
Local Registrar			
County Registrar			